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VENEREAL DISEASE AMONG DOMESTIC EMPLOYEES: ITS DETECTION AND WHAT TO DO ABOUT IT

By

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The widespread public interest in venereal disease control has focused much attention on the prevention of the spread of these infections into the home. Public Health Control laws or local ordinances requiring examinations or blood tests of food handlers, restaurant employees, beauticians, barbers, and occasionally of domestic serving in kindred capacities, in many instances long in disuse or little enforced, have been subjected to renewed scrutiny and revision. The fact that syphilis, except in its earliest stages, is not dangerous to personal contacts other than sexual intercourse or kissing, and that even then the danger is variable and largely dependent on the location of such open lesions as may be present, is a circumstance often overlooked by the average employer. Intimate physical contact between the infected individual and the one to whom the disease is transmitted is so essential that, for all practical purposes, venereal disease is not transmitted by food, and physicians who are actively interested in tracing sources of infection have rarely seen cases acquired through contact with eating utensils, clothing, or other intermediary objects. It is true that a servant (or any individual) with an exposed chancre (as the initial sore of syphilis is called), or those who have mucous lesions of secondary syphilis in or about the mouth, should be told to stay at home or isolated in a hospital until the open lesions have healed, but after this period, which would usually not require more than a month and often considerably less if the treatment has been proper, there is no reason why he should not be permitted to return to work as long as treatment is regularly administered. There is no reason whatsoever, in the average instance, why a servant other than a child's nurse, who has an active gonorrhea or an open lesion of syphilis on a part of the body which is covered by clothing and who begins medical treatment promptly, need be excluded even temporarily from any occupation which requires non-sexual exposure.

An employer who understands these facts and who will insist upon the detection and proper treatment of venereal disease among his domestic servants or other help without summarily dismissing an

employee on discovering suspicious symptoms or a positive blood test, can, without appreciable danger to himself or his family, perform a great personal and community service. This is so much the case that we have felt it worthwhile to outline a method of handling this problem, which will be in accord with the best accepted present day medical and public health practice.

(1) If the existence of syphilis, gonorrhea, (or other genito-infectious disease) is to be discovered, *each employee, new or old, should have a complete medical examination, which should include, in addition to a physical examination, the drawing of a specimen of blood from the arm vein for the performance of a blood serologic test.* It is best that a physical examination be performed initially in addition to a blood test because (a) syphilis is only one of the infectious venereal diseases, and to exclude it does not preclude the existence of others (e.g., gonorrhea) which might be detected by physical examination; (b) an individual even with infectious syphilis may have a negative blood test for three or four weeks after he has acquired the disease, or, an individual, under certain circumstances usually associated with insufficient treatment irregularly administered, may very rarely have a negative blood test for many months or years after the initial symptoms, and still present infectious lesions. If it is not possible to have the employees submit to a complete physical examination at first a blood test will, of course, detect the majority of cases of syphilis, but will leave the problem of gonorrhea uncared for.

(2) *If the blood test and medical examination are negative,* the employee may be considered not to have a venereal disease. The fact that an employee is not infected when hired does not preclude the possibility that he may acquire a venereal disease while he is in your employ, since it is obviously not possible for you to control all his activities. I know of no certain way of meeting this situation except by periodic re-examination of the blood and possibly by an occasional physical examination, including the making of smears of any abnormal genital secretions for microscopic study. The more frequently such examinations are made the sooner will a newly acquired infection be discovered. Health authorities, who require periodic examination, suggest that they be performed every six to twelve months.

(3) *If the employee shows on physical examination infectious lesions of syphilis* on exposed portions of the body, he should not be employed, as above stated, in any capacity which associates him with other individuals until these lesions are healed by appropriate treatment, which will usually require from two to four weeks. In the exceptional case in which the individual with a newly acquired infection, and presenting open lesions or infectious secretions is to be employed in a position which brings him in intimate contact with other persons, as for example, a child's nurse, it would be wise if he were not employed in such capacity until he has completed some six to twelve months of regular and effective treatment, or at least until a competent physician has certified to the fact that the infection is in a stage which is not likely to become communicable.

(4) *If the blood test comes back positive for syphilis*, the employee should then be required to submit to a physical examination, if this has not already been performed. If infectious lesions or secretions are discovered by the physician, the situation should be handled as in (3) above. If no infectious lesions or secretions are discovered, the individual may then be employed in any capacity except in an occupation in which intimate contact may occur as, for example, child's nurse. If the employee is having active treatment for syphilis, there is little possibility that he will become infectious, and it is desirable that the employer continue the individual in his service, and at the same time require that the employee take such treatment as the physician prescribes with absolute regularity, if he has not already had sufficient treatment.

In considering the domestic servant problem it is well to keep constantly in mind *first*, that the venereal diseases are transmitted only by the most intimate contact, usually sexual relations in which mucous membrane surfaces come in contact with one another, or in which moist secretions are conveyed from the body surface of one individual to another. I repeat that the venereal diseases are, for all practical purposes, not transmitted by foods and almost never by intermediary objects unless the objects are moistened with body secretions at the time of exposure.

Secondly, gonorrhea is a self-limited infection usually of short duration and syphilis is the type of disease which becomes less and less infectious as the individual grows older, though the blood test, which reflects the individual's resistance and *not* his infectiousness, may remain positive for years. It is rare for an individual who has had syphilis for as long as two years to develop infectious lesions, and almost never after five years. Even the most intimate contact will usually not serve to transmit the disease when the infection is of long duration, even though the blood tests may be positive. An individual will acquire syphilis only once in his lifetime, and thus will be infectious for a few months or years at most. Exceptions to this last statement are so rare as to be of little public health significance. Men with gonorrhea who have proper medical care seldom remain infectious even to the most intimate personal contact for longer than three to six months. Although the problem of infectiousness of gonorrhea in women is harder to detect and to control because of the physical structure of the female genital tract, domestic servants will almost never be infectious in the absence of easily detectible genital discharges, except by sexual exposure or gross carelessness. It is, of course, never wise for domestic servants to use the same towels and toilet facilities as other members of the household and women suspected of having gonorrhea or infectious vaginal discharge should never care for infants or small children.

Thirdly, in order to be rendered "cured" and permanently non-infectious an individual who has syphilis must have from fifteen to eighteen months of injection treatment, each injection given at weekly intervals. There are at the present time no short cuts which are safe to use routinely. An individual with gonorrhea may be infectious to intimate personal contact as long as the germ is present.

An employer should encourage his employee to take such treatment and make an effort to see that he has time to attend the clinic sessions or to have private medical care as the case may be. To permit the employee to have a small amount of treatment which is immediately discontinued when the symptoms disappear with the hope that it will cause him to cease to be a public menace is a dangerous practice: first, because short courses of treatment predispose to relapse, and often render an unsuspecting patient infectious over a longer period of time than if no treatment had been given at all and, secondly, because the serious late complications of syphilis are not prevented by small amounts of treatment, so that the employee may in years to come become a social problem through the development of such conditions as crippling heart disease or general paralysis of the insane.

It is well to consider in passing that an employer has no actual or legal right to intrude upon the confidential relationship which exists between his employee and his employee's physician without the consent of the employee and his physician. A physician may tell the employer that his employee does not have any disease which is infectious or which is likely to become infectious, but medical diagnoses as such are privileged, in the legal sense, to the extent that the employee and his physician are within their rights to withhold information concerning the presence or absence of syphilis should it be in their interests to do so. The employer is, of course, less interested in the name of the disease from which his employee is suffering than he is in its transmissibility.

I emphasize the fact that the employer can perform a real service to the public health of his community if he will insist upon the examination of his employees, and, without discharging from his service those found to be infected, encourage their judicious treatment.

To those of you who are confronted with the question of dismissing a domestic employee because of a venereal disease, I urge upon you a careful consideration of the following pertinent facts:

(1) When you terminate the services of this individual you will in all probability deprive an ill person of financial means of supporting himself or even of obtaining treatment. To persons in low income brackets and without resource, only a minor setback may make even the expenditure of carfare to regularly attend a free clinic a considerable burden.

(2) As a consequence, you will in all probability only send this infected person from your household to seek employment in your unsuspecting neighbors. Put yourself in your neighbor's place! The employee's initial experience will have made him wise enough to conceal every outward trace or hint of illness from his new prospective employer. He must support himself, and even if the initial efforts of the physician had been sufficient to instill in him a proper public health attitude, his conscience will soon grow indifferent to the welfare of his seemingly "unjust" employers, if his situation continues to be cared for in a harsh or intolerant manner.

(3) Such an attitude on the part of the employer may antagonize this infected person even further, into an attitude of fear and defiance of authority, making it impossible for health agents to manage him without great expense to the public treasury or taxpayers. The patient may be driven to anonymity, frustrating all efforts of the Health Officer to find and treat him. You may even drive an unemployed and resourceless woman into prostitution and thus actually serve to spread venereal disease about the community by the unwise action of peremptorily dismissing her from your service.

Employers who are not closely associated and conversant with the intimate problems of a group of diseases which are usually spread, in the adult at least, by sexual relations, find tolerance difficult, especially when they are brought face to face with instances of sexual promiscuity and moral standards which differ markedly from their own. I cannot, however, overemphasize the fact that the failure of the venereal diseases in their infectious stages to incapacitate, the relative ease with which they may be concealed, and the long course of treatment observation which is frequently essential to their cure, makes essential the cooperation of every employer, health officer, and private community resource if the problem of their control is to be even partially solved.

Those of you who have never seriously considered these problems probably do not know that, in most urban areas at least, the State or local authorities furnish to many clinics and physicians, trained attendance officers who make every effort to supervise the regularity of the patient's visits to the clinic. If these health officers, public health nurses, or medical social workers, as the case may be, do not perform a perfect job with every case, it is usually because the venereal disease problem is so vast that with the staff supplied, they cannot devote sufficient time to each case individually. Under the circumstances the cooperation of the employer is invaluable. An expression of your willingness to help overcome the obstacles which may interfere with adequate medical care will save much time and a duplication of effort. Above all, if the medical authorities feel that an enforced "layoff" is essential because of the danger of infectiousness, you can do more to promote adequate venereal disease control in your community than by any other means, by having it understood that the position, if competently filled, is open whenever the physician sanctions return to duty; and back up this feeling of security by filling vacated essential positions with temporary employees.

The symptoms of syphilis are many and varied. It is well never to jump to conclusions, which may be unwarranted on the basis of minor complaints or symptoms. Only careful and competent medical examination can diagnose syphilis or gonorrhea.

The same watchful care and interest is necessary in supervising the health matters in the servants' quarters as among the other members of the household or immediate family. A sick individual in the home is always a potent source of danger no matter in what portion of the residence he is housed.

Do not become panic-stricken if your servant develops sores about the mouth, "ring worms" on the face, sore throat, headache, slight patchy falling out of the hair, signs which may suggest a recent syphilitic infection. See that she obtains proper medical attention. Under such circumstances it is your right to know the name and reputation of the doctor or clinic she is attending. Provided this care is competent it is unnecessary to demand an exact diagnosis of the condition from which your servant is suffering. Her physician will warn you if there is any danger of infection to others.

Do not be dismayed if your servant goes to the doctor once a week on her day off to get "shots" for her blood. Do not be too intolerant if the injections make her a little sick. Yes, she probably has syphilis, but you should be relieved by the fact that the disease has been discovered, and that she is under competent medical care. Your concern need arise only when your servant is ill, and through fear or carelessness fails to seek medical attention or to continue her treatment. Then, in your position as employer and paymaster you may exert a firm and valuable influence if your powers are used in a kindly, persuasive, rather than dictatorial fashion. Most physicians and treatment centers for venereal disease welcome the interest of the employer in seeing that his employee's attendance is regular.

Wise and farsighted physicians have said: "I would rather employ a domestic servant whom I know has syphilis and who is under competent medical care, than I would a servant who has never been examined for the disease. It is much safer." And, what is more, they follow this advice in actual practice.
